

JEFFERSON COUNTY FINANCE DEPARTMENT/ EMPLOYEE FIRST REPORT OF INJURY FORM

DEPARTMENT: _____

NAME OF INJURED _____ POSITION: _____

EMPLOYEE ADDRESS: _____ HOME PHONE: _____

DATE OF BIRTH: _____ SEX: _____ HIRE DATE: _____ SALARY: _____

DATE OF INJURY _____ TIME OF INJURY: _____ A.M./P.M.

TIME EMPLOYEE BEGAN WORK ON INJURY DATE: _____ A.M./P.M.

DESCRIPTION OF INJURY: Be specific. Indicate the part of the body affected. (Example: I sprained my right wrist or I strained my lower back.)

HOW DID THE ACCIDENT OCCUR: Tell what happened and how it happened? (Example: I was walking in the parking lot when I stepped on a patch of ice, lost my balance and fell onto the pavement.)

DID INJURY OCCUR ON EMPLOYER'S PREMISES? _____ YES _____ NO

IF NO, ADDRESS WHERE INJURY OCCURRED:

NAME AND ADDRESS OF PHYSICIAN CONSULTED, IF ANY:

EMERGENCY ROOM OR HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL, IF ANY:

Signature of Injured Date

Signature of Supervisor Date

PLEASE ATTACH MEDICAL WAIVER SIGNED BY INJURED EMPLOYEE

*A copy of the accident report must be sent or faxed to the County's Finance Office 24 to 38 hours after an accident has occurred.